

COPY

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

ELECTRONIC STD. 262 (REV. 04/95)

Statement On Reverse Side

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CLAIMANT'S NAME Matthew R. Bettenhausen			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT California Emergency Management Agency		
POSITION Secretary		CB/ID NUMBER E99	DIVISION OR BUREAU Executive			INDEX NUMBER		
RESIDENCE*			HEADQUARTERS ADDRESS 3650 Schriever Ave.			TELEPHONE NUMBER 916-324-8908		
CITY Sacramento		STATE CA	ZIP CODE 95833		CITY Mather		STATE CA	ZIP CODE 95655

(1) MONTH/YEAR July 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		O.T., L.T., N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) FARE TOLLS, PARKING		
9-Jul	15:30-22:30	Sac to Oakland and return				\$ 18.00						\$ 18.00
16-Jul	11:00-17:00	Sac to Clyde and return										
16-Jul		Burbank	\$ 125.44									\$ 125.44
26-Jul	18:00	Sacramento to San Francisco	\$ 149.09						S	\$ 35.94		\$ 185.03
27-Jul		San Francisco	\$ 149.09	\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00		S	\$ 31.94		\$ 221.03
28-Jul	19:30	San Francisco to Sacramento		\$ 6.00	\$ 10.00	\$ 18.00			S	\$ 5.00		\$ 39.00
30-Jul	10:00-21:30	Sacramento to Ontario and return				\$ 18.00			S	\$ 9.00		\$ 27.00
(10) SUBTOTALS			\$ 423.62	\$ 12.00	\$ 20.00	\$ 72.00	\$ 6.00			\$ 81.88		\$ 615.50
COLUMN CODE (ACCTG. USE ONLY)												

CLAIM TOTAL

\$ 615.50

 ACCOUNTING RECEIVED
 10 SEP - 7 AM 10:39

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

7/9: Travel to Oakland PD EOC for Mehserle verdict.

7/16: Attend NCRIC Operation Hotel California.

7/16: Charge for hotel - logistics changed last minute. 7/27-38: Preparedness Taskforce Meeting.

7/30: Staff Governor at Fires.

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

55¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the maximum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

9/1/10

(16) SIGNATURE OF OFFICIAL APPROVING TRAVEL AND PAYMENT

DATE

9/2/10

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)